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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY2009 <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small> | | Docket Number (Optional) P71523US / 37049.00003 |
| Application Number: 10/519,804 | | Filed: 19 May 2006 |
| For: NOVEL COMPOUNDS, PHARMACEUTICAL COMPOSITIONS CONTAINING SAME, AND METHODS OF USE FOR SAME | | |
| Art Unit: 1625 | | Examiner: Niloofar Rahmani |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | |
| | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 \$ _____ |
| <input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) | \$490 | \$245 \$ _____ |
| <input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3)) | \$1110 | \$555 \$ <u>1110</u> |
| <input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) | \$1730 | \$865 \$ _____ |
| <input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) | \$2350 | \$1175 \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | |
| <input checked="" type="checkbox"/> Payment by credit card. | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1943. | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038 | | |
| I am the <input type="checkbox"/> applicant / inventor. | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/95). | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>58699</u> | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | |
| <u>/J. Eric Sumner/</u> Signature | | <u>21 January 2010</u> Date |
| <u>J. Eric Sumner</u> Typed or printed name | | <u>215-299-2772</u> Telephone Number |
| <small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small> | | |